

## Personal Safety Assessment Tool

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Consumer Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Please circle one: 1=Yes 2=Somewhat 3=No**

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|--|-------|
| 1. Consumer is able to keep key on their person without losing the key.  | 1 2 3 |
| a. If no, is it written in his/her plan why they do not have a key?  | 1 2 3 |
| b. Consumer is able to unlock the door to their home.  | 1 2 3 |
| 2. Consumer knows how to get help.   |       |
| a. Consumer demonstrates how to dial 911.  | 1 2 3 |
| b. Consumer demonstrates how to call other persons in an emergency.  | 1 2 3 |
| c. Consumer demonstrates they can contact a neighbor and ask for assistance.   | 1 2 3 |
| 3. Consumer communicates and demonstrates to staff what he/she would do if they returned home and no staff was on duty or staff became incapacitated.      | 1 2 3 |
| 4. Do other people who may support the person (bus driver, CI Worker, Guardian, etc.) have adequate page and phone numbers to reach the supervisory staff? |       |
| ___ Yes  |       |
| ___ No   |       |
| If yes, date given _____   |       |

(Comment below if 2, 3, or NO is marked)

Give progress/problems for any teaching needs.

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